

RECEIVED
CENTRAL FAX CENTER

APR 24 2006

PTO/S&21 (09-04)

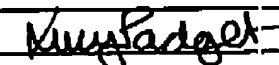
Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

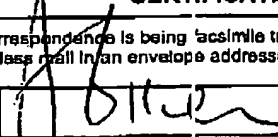
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/506,592	
	Filing Date	September 3, 2004	
	First Named Inventor	Andrew David Morley	
	Art Unit	1626	
	Examiner Name	Nolan, Jason Michael	
Total Number of Pages in This Submission	7	Attorney Docket Number	100659-1P US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks We are refaxing the attached documents as they were not completely received by the USPTO when the Agent change was made. Please process accordingly.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AstraZeneca		
Signature			
Printed name	Lucy Padgett		
Date	24 APR 2006	Reg. No.	L0074

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Audrey Williams
Date	April 24, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER
APR 24 2006

FAX TRANSMISSION**DATE:** February 6, 2006**PTO IDENTIFIER:** Application Number 10/506592
Patent Number**Inventor:** Andrew David Murely**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE LLP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.**PHONE:** (617) 951-7615**Attorney Dkt. #:** ASZD-P01-659**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110-2624
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

RECEIVED
CENTRAL FAX CENTER

APR 24 2006

PTO/S&B7 (00-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/506592

Attorney Docket No.: ASZD-P01-659

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 6, 2006
Date


Signature

Mary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
Facsimile Cover Sheet (1 page)
This Certificate of Transmission (1 page)

02/08/2006 12:36 FAX 817 951 7050

ROPES GRAY

001

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2809
RECIPIENT ADDRESS	915712738300
DESTINATION ID	
ST. TIME	02/08 12:35
TIME USE	00'59
PAGES SENT	4
RESULT	OK

FAX TRANSMISSION

DATE: February 6, 2006

PTO IDENTIFIER: Application Number 10/506592

Patent Number

Inventor: Andrew David Murely

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: FISH & NEAVE IP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: ASZD-P01-659

PAGES (including Cover Sheet): 4

CONTENTS: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

100659

Fax Sender at 617 851 7050

2 (including cover page)

Received
Cover
Page

08/08/1998 12:18 PM	017 011 7030	000000 0141	08/01/98
---------------------	--------------	-------------	----------

FAX TRANSMISSION	
DATE: February 5, 2006	
PTO IDENTIFIER:	Application Number 10/306372 Patent Number
Inventor:	Andrew David Moly
MESSAGE TO: LIT Patent and Trademark Office	
FAX NUMBER: (717) 273-8300	
FROM:	PERI & NEAVE IF GROUP ROPER & GRAY LLP David J. Holstead, Ph.D.
PHONE:	(617) 661-7615
Attorney Ref. #:	US22-P01-439
PAGES (including cover sheet):	4
CONTENTS:	Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page) Notice (under 37 CFR 2.79) (1 page) This transmits Cover Sheet (1 page) Continuation of Transmission (1 page)
<p>If you receive this transmission in error, please notify this firm immediately by e-mail (call in number of (617) 661-7615 and send the original transmission to be by return mail) at the address below.</p> <p>This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and/or of attorney-client nature. You are hereby notified that any other disclosure, distribution or dissemination of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.</p> <p style="text-align: center;">ROPER & GRAY LLP One International Plaza, Boston, Massachusetts 02110-2024 Telephone: (617) 661-7600 Fax/Facsimile (617) 661-7600</p>	

1